

Name: _____ SID#: _____

MAJOR: MEDICAL OFFICE PROCEDURES
(Certificate of Achievement and Associate in Arts Degree)

CERTIFICATE CORE REQUIREMENTS

	Units	Other Colleges	N	IP	C
HLTH 205 CPR for Health Professionals <i>or</i> Current valid CPR certificate	0-.5				
MEDA 100 Introduction to Health Careers	1				
MEDA 101 Medical Ethics & Law	2				
MEDA 105 Medical Terminology	4				
Select one unit of keyboarding/typing/word processing coursework from the Business Skills Center.	1				
Select one course from the following: ANAT 5 Basic Human Anatomy & Physiology (4) HLTH 4 Healthy Living (3) PSYC 50 Health Psychology (3)	3-4				
Select one course from the following ENGL 1A Composition (3) ENGL 111 Introduction to College Writing (3) ENSL 110 Advanced Composition ESL (4.5)	3				
Total Core Certificate Units	14-15.5				
Required Electives:	5-12				
Medical Reception Focus MEDA 110 Medical Office Management (3) & MEDA 112 Med. Office. Finances & Comp. Apps. (2)					
Medical Coding Specialist Focus MEDA 112 Med. Office. Finances & Comp. Apps. (2) & MEDA 113 Med. Procedure Coding (3) & MEDA 115 Med. Diagnostic Coding (2) & MEDA 118 Pharmacology & Human Diseases (3)					
Medical Insurance Specialist Focus MEDA 112 Med. Ofc. Finances & Comp. Apps. (2) & MEDA 113 Medical Procedure Coding (3) & MEDA 114 Medical Insurance Management (2) & MEDA 115 Medical Diagnostic Coding (2) & MEDA 118 Pharmacology & Human Diseases (3)					
TOTAL CERTIFICATE UNITS :	19-27.5				

ASSOCIATE DEGREE REQUIREMENTS

Certificate Requirements	.5	36.5			
<i>No additional major courses required.</i>					

GRADUATION REQUIREMENTS

			N	IP	C
Reading Proficiency:	Test Score:	College Course:			
Writing Proficiency:	Test Score:	College Course:			
Math Proficiency:	Test Score:	College Course:			
Information Competency:	Test Score:	College Course:			
Major units identified above					
21 Units in General Education Classes (Courses may count for both major and GE requirements)					
Elective units to total 60 Degree Applicable Units					
G.P.A. 2.0					
12 Units in residence					

Counselor Signature: _____ Date: _____